

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0083144

05-17-2001 91332 045 ***150.00

DOCUMENT # N98000006235

1. Entity Name

SAWGRASS LAKES AT PALM BAY ASSOCIATION, INC.

Principal Place of Business

**298 SW PANTHER TRACE
 PORT SAINT LUCIE FL 34953
 US**

Mailing Address

**298 SW PANTHER TRACE
 PORT SAINT LUCIE FL 34953
 US**

00053706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0800085**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, STEVEN L
 2081 EAST OCEAN BLVD
 SECOND FLOOR
 STUART FL 34996**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2400 SE FEDERAL HWY
 FOURTH FLOOR**

City **STUART**

FL

Zip Code **34994**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PVST** ☐ Delete
 NAME **SOVEREL, MARK**
 STREET ADDRESS **298 SW PANTHER TRACE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SOVEREL, BRET**
 STREET ADDRESS **298 SW PANTHER TRACE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SOVEREL, MARK**
 STREET ADDRESS **298 SW PANTHER TRACE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOT REQUIRED

April 27, 2001

561-879-1080

CR2E037 (10/00)